
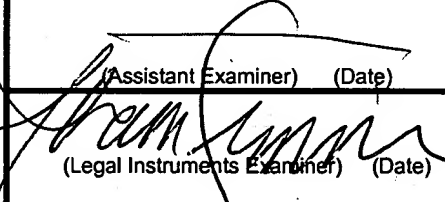
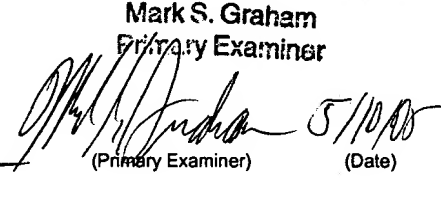


|  |                 |               |  |
|--|-----------------|---------------|--|
| <b>Issue Classification</b><br> | Application No. | Applicant(s)  |  |
|  | 08/811,925      | FARLEY ET AL. |  |
|  | Examiner        | Art Unit      |  |
|  | Mark S. Graham  | 3711          |  |

| ISSUE CLASSIFICATION   |          |  |                                   |                         |  |                    |  |  |  |
|--|----------|--|-----------------------------------|-------------------------|--|--------------------|--|--|--|
| ORIGINAL   |          | CROSS REFERENCE(S)   |                                   |                         |  |                    |  |  |  |
| CLASS  | SUBCLASS | CLASS  | SUBCLASS (ONE SUBCLASS PER BLOCK) |                         |  |                    |  |  |  |
| 62   | 235      | 472  | 90                                |                         |  |                    |  |  |  |
| INTERNATIONAL CLASSIFICATION   |          |  |                                   |                         |  |                    |  |  |  |
| A63C   | 1910     |  |                                   |                         |  |                    |  |  |  |
|  | /        |  |                                   |                         |  |                    |  |  |  |
|  | /        |  |                                   |                         |  |                    |  |  |  |
|  | /        |  |                                   |                         |  |                    |  |  |  |
|  |          | Mark S. Graham<br>Primary Examiner   |                                   | Total Claims Allowed: 6 |  |                    |  |  |  |
| (Assistant Examiner) (Date)  |          | (Primary Examiner) (Date)  |                                   | O.G.<br>Print Claim(s)  |  | O.G.<br>Print Fig. |  |  |  |
|  |          |  |                                   | 1                       |  | 1                  |  |  |  |
| (Legal Instruments Examiner) (Date)  |          | (Date)   |                                   |                         |  |                    |  |  |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant |          | <input type="checkbox"/> CPA |          | <input type="checkbox"/> T.D. |          | <input type="checkbox"/> R.1.47 |          |
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| Final  | Original | Final                        | Original | Final                         | Original | Final                           | Original |
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